

PRIVACY IMPACT ASSESSMENT (PIA)

For the

Non Formulary Drug Request (NFDR)	
US Army Medical Command - DHP Funded Application	

SECTION 1: IS A PIA REQUIRED?

☐ (4) No

info ma cor	orm: inta ntra	this Department of Defense (DoD) information system or electronic collection of ation (referred to as an "electronic collection" for the purpose of this form) collect, in, use, and/or disseminate PII about members of the public, Federal personnel, ctors or foreign nationals employed at U.S. military facilities internationally? Choose tion from the choices below. (Choose (3) for foreign nationals).
	(1)	Yes, from members of the general public.
	(2)	Yes, from Federal personnel* and/or Federal contractors.
\boxtimes	(3)	Yes, from both members of the general public and Federal personnel and/or Federal contractors.

- b. If "No," ensure that DITPR or the authoritative database that updates DITPR is annotated for the reason(s) why a PIA is not required. If the DoD information system or electronic collection is not in DITPR, ensure that the reason(s) are recorded in appropriate documentation.
- c. If "Yes," then a PIA is required. Proceed to Section 2.

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^{* &}quot;Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

SECTION 2: PIA SUMMARY INFORMATION

a.	Why is this PIA being created or updated? Choose one:					
	\boxtimes	New DoD Informa	tion System		New Electron	nic Collection
		Existing DoD Info	rmation System		Existing Elec	tronic Collection
		Significantly Mod System	ified DoD Informatio	n		
		s DoD information Network (SIPRNE		ed in 1	the DITPR or the	e DoD Secret Internet Protocol
		Yes, DITPR	Enter DITPR Syste	m Ider	ntification Number	
		Yes, SIPRNET	Enter SIPRNET Ide	ntifica	tion Number	
	\boxtimes	No				
			Management and			ique Project Identifier (UPI), required lar A-11?
	Ш	ies		NO	, <u>,</u>	
	If "Y	es," enter UPI				
		If unsure	consult the Compone	nt IT B	Budget Point of Con	tact to obtain the UPI.
		this DoD informa Notice (SORN)?	-	ectror	nic collection re	quire a Privacy Act System of
	or law		idents that is <u>retrieved</u> l			n contains information about U.S. citizens entifier. PIA and Privacy Act SORN
		Yes		No		
	If "Ye	es," enter Privacy /	Act SORN Identifier		A0040-66b DASG	
		Consult the Compo	issigned designator, no onent Privacy Office fo cy Act SORNs at: http	r addit	ional information or	
		or				
	Date		approval to Defense omponent Privacy Offi			

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e. Does this DoD information system or electronic collection have an OMB Control Number? Contact the Component Information Management Control Officer or DoD Clearance Officer for this information. This number indicates OMB approval to collect data from 10 or more members of the public in a 12-month period regardless of form or format. Yes **Enter OMB Control Number Enter Expiration Date** No \boxtimes f. Authority to collect information. A Federal law, Executive Order of the President (EO), or DoD requirement must authorize the collection and maintenance of a system of records. (1) If this system has a Privacy Act SORN, the authorities in this PIA and the existing Privacy Act SORN should be the same. (2) Cite the authority for this DoD information system or electronic collection to collect, use, maintain and/or disseminate PII. (If multiple authorities are cited, provide all that apply.) (a) Whenever possible, cite the specific provisions of the statute and/or EO that authorizes the operation of the system and the collection of PII. (b) If a specific statute or EO does not exist, determine if an indirect statutory authority can be cited. An indirect authority may be cited if the authority requires the operation or administration of a program, the execution of which will require the collection and maintenance of a system of records. (c) DoD Components can use their general statutory grants of authority ("internal housekeeping") as the primary authority. The requirement, directive, or instruction implementing the statute within the DoD Component should be identified. 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 1071-1085, Medical and Dental Care; 50 U.S.C. Supplement IV, Appendix 454, as amended, Persons liable for training and service; 42 U.S.C. Chapter 117. Sections 11131-11152, Reporting of Information; 10 U.S.C. 1097a and 1097b TRICARE Prime and TRICARE Program; 10 U.S.C. 1079, Contracts for Medical Care for Spouses and Children; 10 U.S.C. 1079a, CHAMPUS; 10 U.S.C. 1086, Contracts for Health Benefits for Certain Members, Former Members, and Their Dependents; E.O. 9397 (SSN); DoD Instruction 6015.23, Delivery of Healthcare at Military Treatment Facilities (MTFs); DoD Directive 6040.37, Confidentiality of Medical Quality Assurance (QA) Records; DoD 6010.8-R, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Army Regulation 40-66, Medical Record Administration and Health Care Documentation.

g.	Summary of DoD information system or electronic collection	. Answers to these questions
sh	ould be consistent with security guidelines for release of info	rmation to the public.

(1)	Describe the	ourpose of th	is DoD info	rmation	system or	electronic	collection	and I	briefly
des	scribe the types	of personal	information	n about ii	ndividuals	collected in	n the syste	em.	

This application automates the current process for managing non-formulary drug requests (NFDR) and
brings the Walter Reed Army Medical Center (WRAMC) processes in-line with Bethesda National Naval
Medical Center (NNMC) process. It allows the providers to submit/review NFDRs requests via intranet; the
pharmacy staff to track/trend requests by providers, medications, and approvers; and the pharmacy staff not
involved in the NDFR approval process to review results of the requests.

The system collects the following PII: Name, Sponsor SSN, Phone Number, Family Member Prefix, Date Of Birth, and Medical Information.

(2) Briefly describe the privacy risks associated with the PII collected and how these risks are addressed to safeguard privacy.

The privacy risks associated with the PII collected are unauthorized access, inaccurate information entered into the application, and unauthorized disclosure of PII. Strategies are in place to mitigate these risks. Physical and logical security safeguards and controls including encryption and other security practices are used to limit access to the PII. Access is limited to authorized users and is logged for audit purposes.

h. With whom will the PII be shared through data exchange, both within your DoD Component and outside your Component (e.g., other DoD Components, Federal Agencies)? Indicate all that apply.

\boxtimes	Within the DoD Component.		
	Specify.	PII is shared with applicable departments within the military treatment facility using this application	
	Other DoD (Components.	
	Specify.		
	Other Feder	al Agencies.	
	Specify.		
	State and Lo	ocal Agencies.	
	Specify.		
\boxtimes	Contractor	(Enter name and describe the language in the contract that safeguards PII.)	
	Specify.	Some medical providers are contractors. The following language is from the standard contract: In accordance with DoD 6025.18-R "Department of Defense Health Information Privacy Regulation," January 24, 2003, the Contractor meets the definition of Business Associate. Therefore, a Business Associate Agreement is required to comply with Health Insurance Portability and Accountability Act (HIPAA), Privacy Act and Security regulations. This clause serves as that agreement whereby the	

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		requirements regardi	ding health information as defined in this clause, and in DoD 9 8580.02-R, as amended. Additional requirements will be plemented.
		commercial providers	s, colleges).
	Specify.		
Do i	individuals	have the opportuni	ity to object to the collection of their PII?
	Yes		No
((1) If "Yes,"	describe method by	which individuals can object to the collection of PII.
<u></u>	(2) If "No " s	etate the reason why	y individuals cannot object.
	. ,	-	
The	patient does	not participate in the F	PII collection process for this application.
)o ir	ndividuals h	ave the opportunit	ty to consent to the specific uses of their PII?
	Yes	⊠ l	No
_		East	
((1) If "Yes,"	describe the method	d by which individuals can give or withhold their consent.
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The patient does not participate in the PII collection process for this application. DD FORM 2930 NOV 2008

k. What infor	mation is provided to ar	n individual wh	hen asked to provide PII data? Indicate all that
Priva	cy Act Statement		Privacy Advisory
Othe	r	\boxtimes	None
Describe each applicable format.	The patient does not partiel		ollection process for this application.

NOTE:

Sections 1 and 2 above are to be posted to the Component's Web site. Posting of these Sections indicates that the PIA has been reviewed to ensure that appropriate safeguards are in place to protect privacy.

A Component may restrict the publication of Sections 1 and/or 2 if they contain information that would reveal sensitive information or raise security concerns.

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